

Case # 18-23538 (RDB), Chapter 1  
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Attention: Honorable Robert D. Drain  
United States Bankruptcy Court

My name is Minelli Burr  
Radney. I have a "Sears" credit  
card. I've had it since  
July 2017. I had a roof  
replacement on my home.  
The charge <sup>MR</sup> was close to \$10,000.00.

At the moment it is under \$5,000.00  
I am disabled, I wrote "Sears"  
and gave proof of my Disability.

"Sears" gave me credit at a time  
I had no credit cards / Debts.

The contractors did a great job.

However, I am limited to working.  
I am under doctors' care. The

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Ailments are "arthritis" in the  
Spine and (6) other ailments.

All ailments are "incurable"  
One of them are deadly.

I can not repay the \$5000.00  
Before July 2019. My job

only pays \$9.25 a hour with  
Disability payments. \$9.25 a  
hour is for (3) Days of  
work at 3 1/2 hours those 3  
Days I work, that is 10 hours a week!

I am under pressure but  
have a desire to repay  
"Debt". I am truly trying  
to re-pay my Debt.

I am successful so far.

Sincerely Yours,

Minelli Burr Rodney ph# 678 358 2262

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4/24/2019

Chapter 11

Attention :

Sears has my Disability  
Records on file & I have a credit card.

Sincerely Yours ,

Ms. Merelle Burr Radney

P.S Trying to repay Sears

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Proof of need of medical attention

Home nurse payed by "Humana" Insurance



RENEA DOUGHTON-JOHNSON 9201 E. Mountain View Rd.  
FNP-BC Suite 220  
Scottsdale, AZ 85258

Family Nurse Practitioner 877.561.7335 Office

My insurance "Humana"  
pays this company to send  
out a home nurse. You  
may call, but you cannot  
ask my illnesses. Please,  
Do not ask about what  
my illnesses are.

Sincerely yours  
Renella R. Doughton



REVIEW RESULTS

4/24/2019

Sears Case  
Chapter 11  
Case # 18-2353  
(RDP)

MINELLI RADNEY  
2020 COGAR DR  
DECATUR GA 30032-3925

Worker ID: 343291  
Worker Name: S.Marsh  
Worker Phone Number: (404) 206-5974  
Case Number: 117421756  
Client ID: [REDACTED] 5954

DATE: 04/24/2018

Report Medicaid Fraud: 1-800-533-0686

Dear MINELLI RADNEY,  
**MEDICAL ASSISTANCE**



You or someone in your household is still eligible for Medical Assistance. People approved for Medical Assistance will continue to get coverage through the last day of November, 2018 unless there is a change in their situation or regulations. We will send you another letter the month before this period ends telling you what to do to keep getting Medical Assistance.

If you have a Medicaid Spenddown case, Medicaid will only pay for your medical care after your Spenddown is met in a month. A "spenddown" is the amount of your income you must pay on medical bills you are responsible for paying.

Here are the eligibility decisions for each person included on the case:

Client Name:	MINELLI RADNEY	Client ID:	[REDACTED] 5954
Program	Medical Assistance-Qualified Individual		
	Benefit Month(s)	Decision	
	December, 2017	Closed	
Program	Medical Assistance-Qualified Medicare Beneficiary		
	Benefit Month(s)	Decision	
	December, 2017 --- November, 2018	Eligible	

The information listed below helped us make our decision.

Medicaid-Qualified Medicare Beneficiary	MINELLI RADNEY
We understand that you live	At Home
You requested assistance for this many people	
Social Security (RSDI) Disability Benefit	\$ 942.00
The total value of your cash, savings and investments (assets)	\$ 20.00
Net Countable Income Used	\$ 922.00
Income Limit for HH size	\$ 1005.00

proof  
of Disability  
amt,





### How do I file a fair hearing?

If you disagree with our decision, please see the last two (2) pages of this form for information on your **right** to request a fair hearing.



You will not receive a new Medicaid card. Your current card will still be valid for use. If you have lost or misplaced your card, please call 1-866-211-0950 or go to the Medicaid website at: [www.mmis.georgia.gov](http://www.mmis.georgia.gov).

### REPORTING CHANGES:

You must report changes in the following situations:

### MEDICAL ASSISTANCE



During your **Medicaid** eligibility period, you must report if anyone moves in or out of your home, any changes in your household's income. You must report these changes within 10 calendar days of the date on which the change occurs.



**If you fail to report the required changes, you may have to repay any benefits** you receive for which you were not eligible and you may also be prosecuted for fraud.

**You may report changes, check the status of your benefits, and renew your benefits on-line at [www.gateway.ga.gov](http://www.gateway.ga.gov).** You may also report changes to your situation or get information about your benefits by phone at 1-877-423-4746.

### MEDICAL ASSISTANCE



People approved for Medical Assistance will continue to receive coverage unless there is a change in their situation or regulations. Before your eligibility ends, we will send you a letter telling you what to do to keep getting Medical Assistance.

### IMPORTANT INFORMATION:

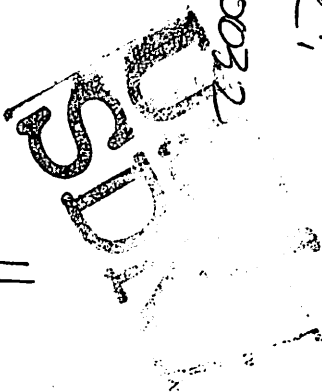
**Policy** used to determine your eligibility can be found at <http://odis.dhs.ga.gov>.

In accordance with Section 504 of the **Rehabilitation Act of 1973** and the **Americans with Disabilities Act (ADA)**, the **Department of Human Services (DHS)** provides reasonable accommodations to persons with disabilities. This includes help with explaining letters and forms. If you would like a reasonable accommodation or **need help with this form, please contact us at 404-657-3433. If you have a hearing impairment, call GA Relay at 711**, for free assistance.

In accordance with Federal laws and State policy, the **Department of Human Services (DHS)** is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, religion or political beliefs.



Ms. Minelle B. Rodney  
2020 Cogswell Dr,  
Denton, TX, 30032



Ms. Minelle B. Rodney  
2020 Cogswell Dr,  
Denton, TX, 30032

Honorable Robert D. Drew

United STATES Bank receipt  
Court Courtroom 118

300 Garretts Street  
White Plains, New York 10601

